

AK0053503

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

|   |  |  |    |   |   |               |     |    |               |
|---|--|--|----|---|---|---------------|-----|----|---------------|
| FORM<br><b>1</b><br>GENERAL   |  | U.S. ENVIRONMENTAL PROTECTION AGENCY<br><b>GENERAL INFORMATION</b><br>Consolidated Permits Program<br>(Read the "General Instructions" before starting.) |    | I. EPA I.D. NUMBER<br>AK-G52-7703   |   | T/A<br>C<br>D |     |    |               |
| LABEL ITEMS   |  | PLEASE PLACE LABEL IN THIS SPACE   |    | GENERAL INSTRUCTIONS<br>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |   |               |     |    |               |
| I. EPA I.D. NUMBER  |  |  |    |   |   |               |     |    |               |
| III. FACILITY NAME  |  |  |    |   |   |               |     |    |               |
| V. FACILITY MAILING ADDRESS   |  |  |    |   |   |               |     |    |               |
| VI. FACILITY LOCATION   |  |  |    |   |   |               |     |    |               |
| II. POLLUTANT CHARACTERISTICS   |  |  |    |   |   |               |     |    |               |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> . |  |  |    |   |   |               |     |    |               |
| SPECIFIC QUESTIONS  |  | Mark "X"   |    | SPECIFIC QUESTIONS  |   | Mark "X"      |     |    |               |
| A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)   |  | YES  | NO | FORM ATTACHED   | B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)   |               | YES | NO | FORM ATTACHED |
|   |  |  | X  |   |   |               |     | X  |               |
| C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)  |  | X  |    |   | D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)   |               |     | X  |               |
|   |  |  |    |   |   |               |     |    |               |
| E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)  |  |  | X  |   | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)  |               |     | X  |               |
|   |  |  |    |   |   |               |     |    |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)  |  |  | X  |   | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)   |               |     | X  |               |
|   |  |  |    |   |   |               |     |    |               |
| I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |  |  | X  |   | J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |               |     | X  |               |
|   |  |  |    |   |   |               |     |    |               |
| III. NAME OF FACILITY   |  |  |    |   |   |               |     |    |               |
| 1 SKIP Icicle Seafoods - Arctic Star @ Saint Paul Island  |  |  |    |   |   |               |     |    |               |
| IV. FACILITY CONTACT  |  |  |    |   |   |               |     |    |               |
| A. NAME & TITLE (last, first, & title)  |  |  |    | B. PHONE (area code & no.)  |   |               |     |    |               |
| 2 Clutter, Michael Environmental Compliance Officer   |  |  |    | (206) 281-0313  |   |               |     |    |               |
| V. FACILITY MAILING ADDRESS   |  |  |    |   |   |               |     |    |               |
| A. STREET OR P.O. BOX   |  |  |    | B. CITY OR TOWN   |   |               |     |    |               |
| 3 4019 21st Ave West  |  |  |    | 4 Seattle   |   |               |     |    |               |
| C. STATE  |  |  |    | D. ZIP CODE   |   |               |     |    |               |
| WA  |  |  |    | 98199   |   |               |     |    |               |
| VI. FACILITY LOCATION   |  |  |    |   |   |               |     |    |               |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER   |  |  |    | B. COUNTY NAME  |   |               |     |    |               |
| 5 Township-35 South, Range 132 West, 57 07 48N, 170 16 15W  |  |  |    |   |   |               |     |    |               |
| C. CITY OR TOWN   |  |  |    | D. STATE  |   |               |     |    |               |
| 6 Saint Paul Island   |  |  |    | AK  |   |               |     |    |               |
| E. ZIP CODE   |  |  |    | F. COUNTY CODE (if known)   |   |               |     |    |               |
| 99660   |  |  |    |   |   |               |     |    |               |



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |    |    |    |    |           |   |    |    |    | B. SECOND |           |  |  |  |  |  |  |  |  |
|----------|----|----|----|----|-----------|---|----|----|----|-----------|-----------|--|--|--|--|--|--|--|--|
| C        | 7  | 2  | 0  | 9  | 2         | (specify) 2092 Prepared Fresh or Frozen Fish and Seafoods | C  | 7  |    |           | (specify) |  |  |  |  |  |  |  |  |
| 15       | 16 | 17 | 18 | 19 |           | 15  | 16 | 17 | 18 | 19        |           |  |  |  |  |  |  |  |  |
| C. THIRD |    |    |    |    |           |   |    |    |    | D. FOURTH |           |  |  |  |  |  |  |  |  |
| C        | 7  |    |    |    | (specify) | C   | 7  |    |    | (specify) |           |  |  |  |  |  |  |  |  |
| 15       | 16 | 17 | 18 | 19 |           | 15  | 16 | 17 | 18 | 19        |           |  |  |  |  |  |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME  |    |    |    |    |   |   |   |   |   | B. Is the name listed in Item VIII-A also the owner?            |   |   |   |   |        |    |   |   |   |                     |  |  |  |  |  |  |  |  |  |
|--|----|----|----|----|---|---|---|---|---|---|---|---|---|---|--------|----|---|---|---|---------------------|--|--|--|--|--|--|--|--|--|
| C  | 8  | I  | c  | i  | c | e | S | e | a | f   | o | o | d | s | ,<br>I | n  | c | . | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                     |  |  |  |  |  |  |  |  |  |
| 15   | 16 | 17 | 18 | 19 |   |   |   |   |   |   |   |   |   |   | 55     | 56 |   |   |   |                     |  |  |  |  |  |  |  |  |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.) |    |    |    |    |   |   |   |   |   | D. PHONE (area code & no.)                                      |   |   |   |   |        |    |   |   |   |                     |  |  |  |  |  |  |  |  |  |
| F = FEDERAL<br>S = STATE<br>P = PRIVATE  |    |    |    |    |   |   |   |   |   | M = PUBLIC (other than federal or state)<br>O = OTHER (specify) |   |   |   |   |        |    |   |   |   | P (specify) Private |  |  |  |  |  |  |  |  |  |
|  |    |    |    |    |   |   |   |   |   | A (206) 282-0988  |   |   |   |   |        |    |   |   |   |                     |  |  |  |  |  |  |  |  |  |
|  |    |    |    |    |   |   |   |   |   |   |   |   |   |   |        |    |   |   |   |                     |  |  |  |  |  |  |  |  |  |

| E. STREET OR P.O. BOX |  |  |  |  |  |  |  |  |  | F. CITY OR TOWN |  |  |  |  |  |  |  |  |  | G. STATE |  | H. ZIP CODE |  | IX. INDIAN LAND   |  |
|-----------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|----------|--|-------------|--|---|--|
| P. O. Box 79003       |  |  |  |  |  |  |  |  |  | Seattle         |  |  |  |  |  |  |  |  |  | WA       |  | 98119       |  | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
|                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  | 40 41    |  | 42 47       |  | 51 52   |  |

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |    |    |    |    |    |    |    |    |           | D. PSD (Air Emissions from Proposed Sources) |   |   |   |   |   |   |   |   |   |
|--|----|----|----|----|----|----|----|----|-----------|--|---|---|---|---|---|---|---|---|---|
| C  | 9  | N  | A  | K  | -  | G  | 5  | 2  | -         | C  | 9 | P | O | R | L | 0 | 0 | 0 | 3 |
| 15                                       | 16 | 17 | 18 | 19 | 30 | 15 | 16 | 17 | 18        | 30   |   |   |   |   |   |   |   |   |   |
| B. UIC (Underground Injection of Fluids) |    |    |    |    |    |    |    |    |           | E. OTHER (specify)                           |   |   |   |   |   |   |   |   |   |
| C  | 9  | U  |    |    | C  | 9  |    |    | (specify) |  |   |   |   |   |   |   |   |   |   |
| 15                                       | 16 | 17 | 18 | 30 | 15 | 16 | 17 | 18 | 30        |  |   |   |   |   |   |   |   |   |   |
| C. RCRA (Hazardous Wastes)               |    |    |    |    |    |    |    |    |           | E. OTHER (specify)                           |   |   |   |   |   |   |   |   |   |
| C  | 9  | R  |    |    | C  | 9  |    |    | (specify) |  |   |   |   |   |   |   |   |   |   |
| 15                                       | 16 | 17 | 18 | 30 | 15 | 16 | 17 | 18 | 30        |  |   |   |   |   |   |   |   |   |   |

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

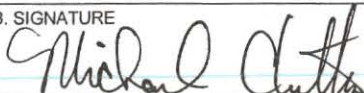
## XII. NATURE OF BUSINESS (provide a brief description)

The Icicle Seafoods facility consisted of the processing barge Arctic Star, securely moored in the Southeast corner of Village cove at a concrete and earth dock known as West Landing. An existing building located in the uplands adjacent to the West Landing is used for storage of processing equipment and supplies.

Crab harvesting vessels offload their catch by brailer while moored alongside the Arctic Star. The living crab are butchered, washed, packed, cooked, frozen and boxed onboard by crewmembers living on the Arctic Star. Finished product is offloaded to 40' refrigerated containers on the beach, then stored in an offsite area maintained by the shipping company(s). When the crab season is finished the Arctic Star leaves the harbor and processes in other areas of the state.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) |  |  |  |  |  |  |  |  |  | B. SIGNATURE   |  |  |  |  |  |  |  |  |  | C. DATE SIGNED |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Michael Clutter                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 6/20/07        |  |  |  |  |  |  |  |  |  |

## COMMENTS FOR OFFICIAL USE ONLY

| C  |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| C  |    |    |    |    |    |    |    |    |    |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |

Supplement to EPA Form 1  
General Information

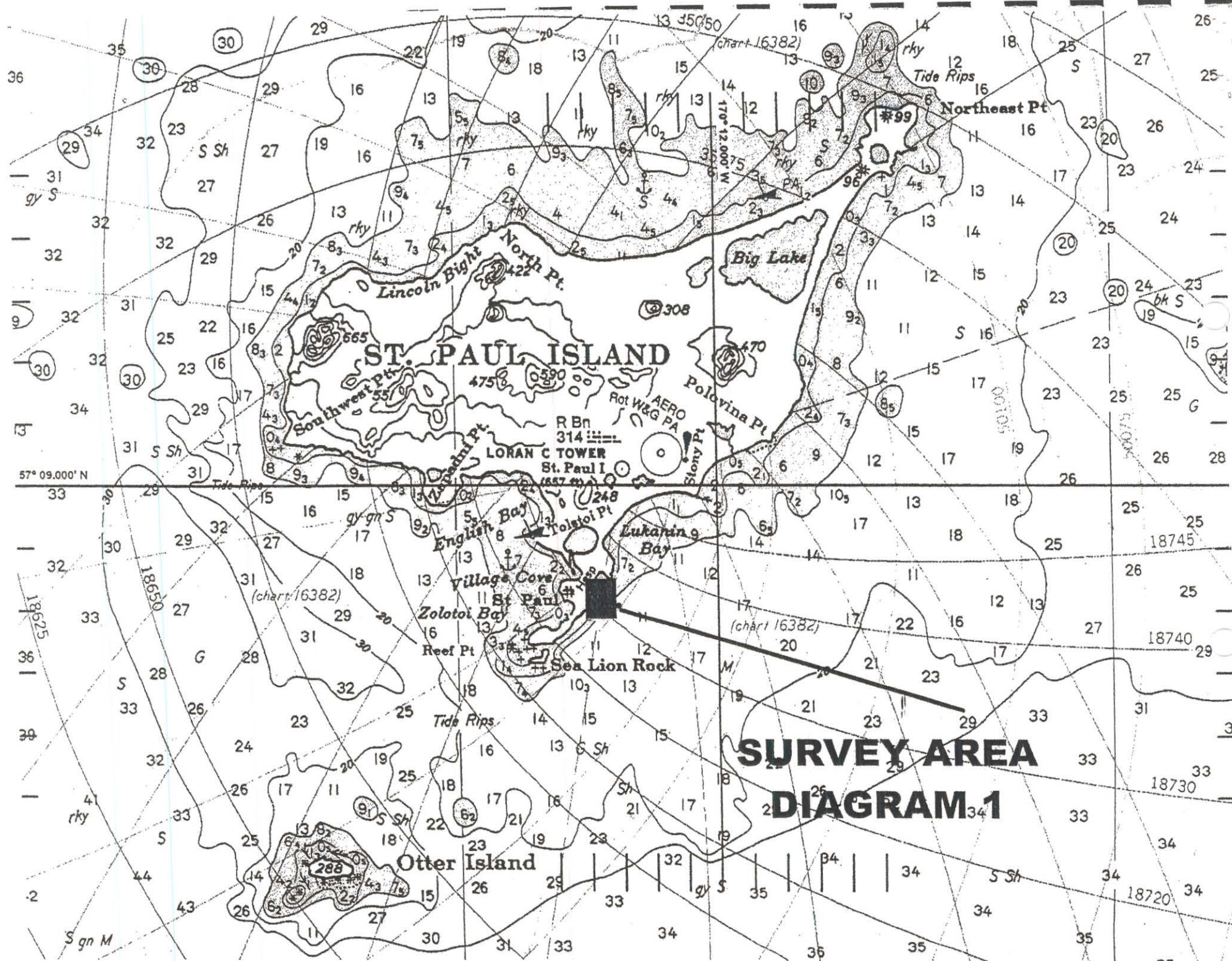
Submitted by:  
Icicle Seafoods, Inc  
P.O. Box 79003  
Seattle, WA 98119

**X. Existing Environmental Permits – Additional Permit Numbers**

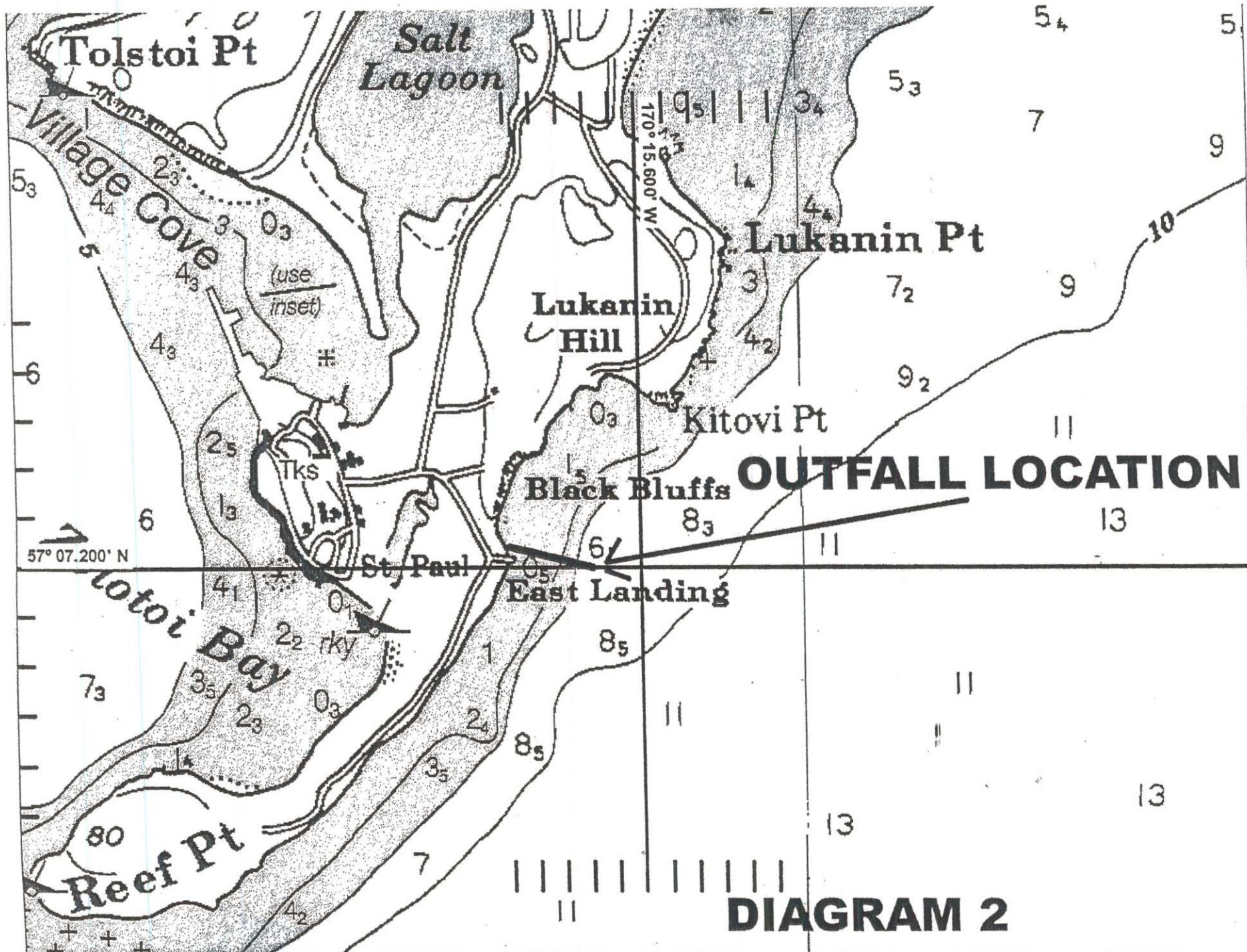
A. NPDES (Discharges to Surface Water)

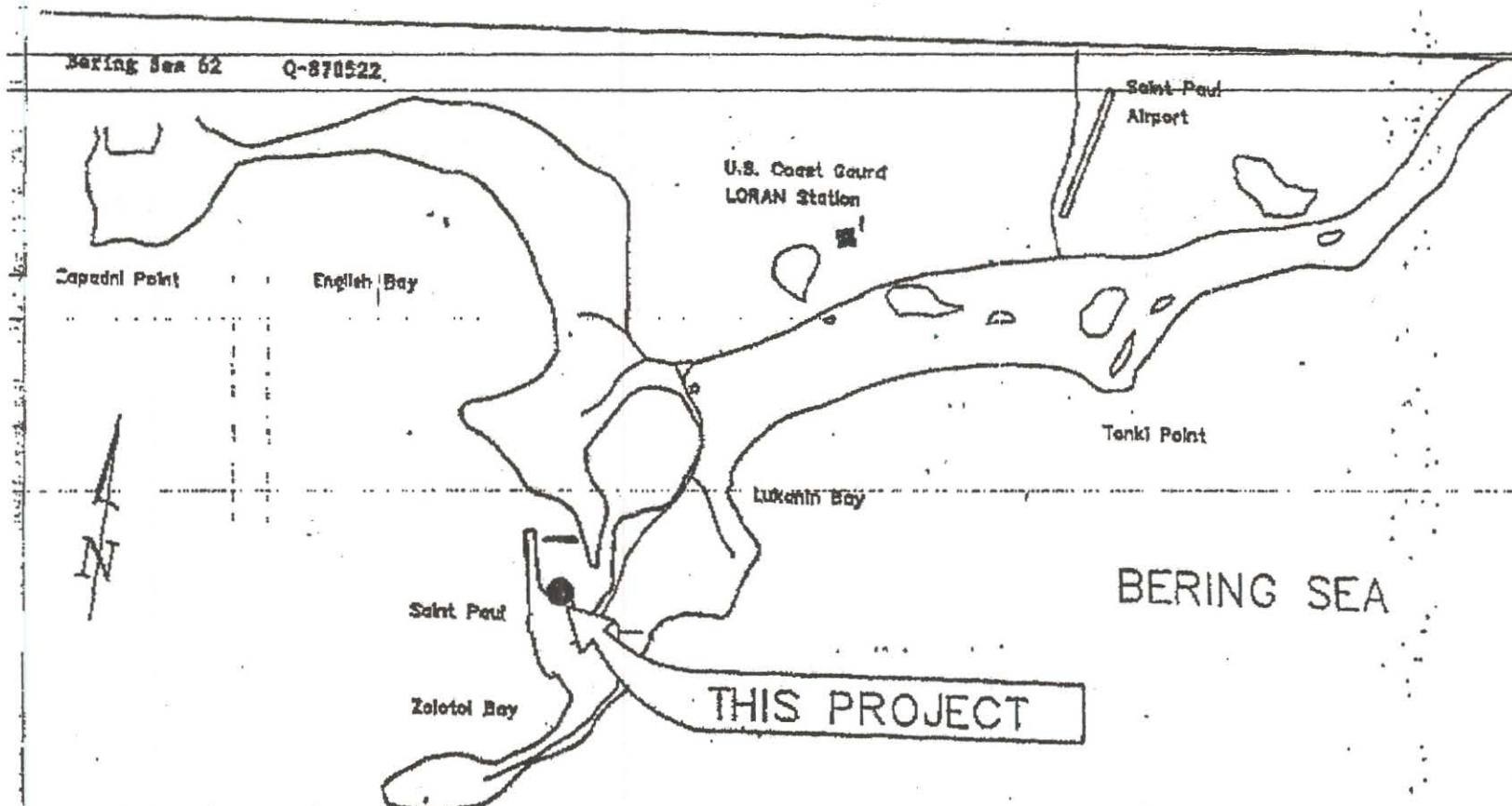
- i. **AK-G52-0062** ~ The Processing Barge Arctic Star, a mobile processing facility that moves throughout the year in order to participate in multiple Alaskan fisheries operates under this NPDES General Permit number when not at Saint Paul Island.











PURPOSE:

SITE LOCATION: T 35 S R 132 W,  
SECTION 25, S.M.

REFERENCE MAP:

ADJACENT PROPERTY OWNER:  
CITY OF SAINT PAUL

VICINITY MAP  
SCALE 1"=4000'

APPLICANT: TANADGUSIX CORPORATION  
P.O. BOX 88  
ST. PAUL ISLAND

TANADGUSIX CORPORATION  
TIDELANDS LEASE  
APPLICATION FOR  
WATERFRONT IMPROVEMENTS

SHEET 1 OF 17

REVISION DATE 12-19-91

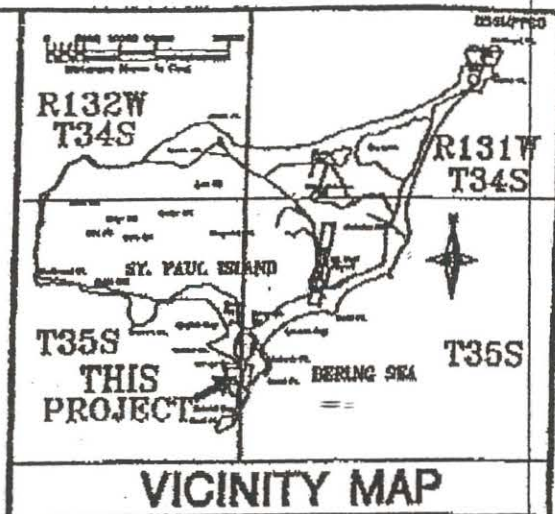
430C0E1



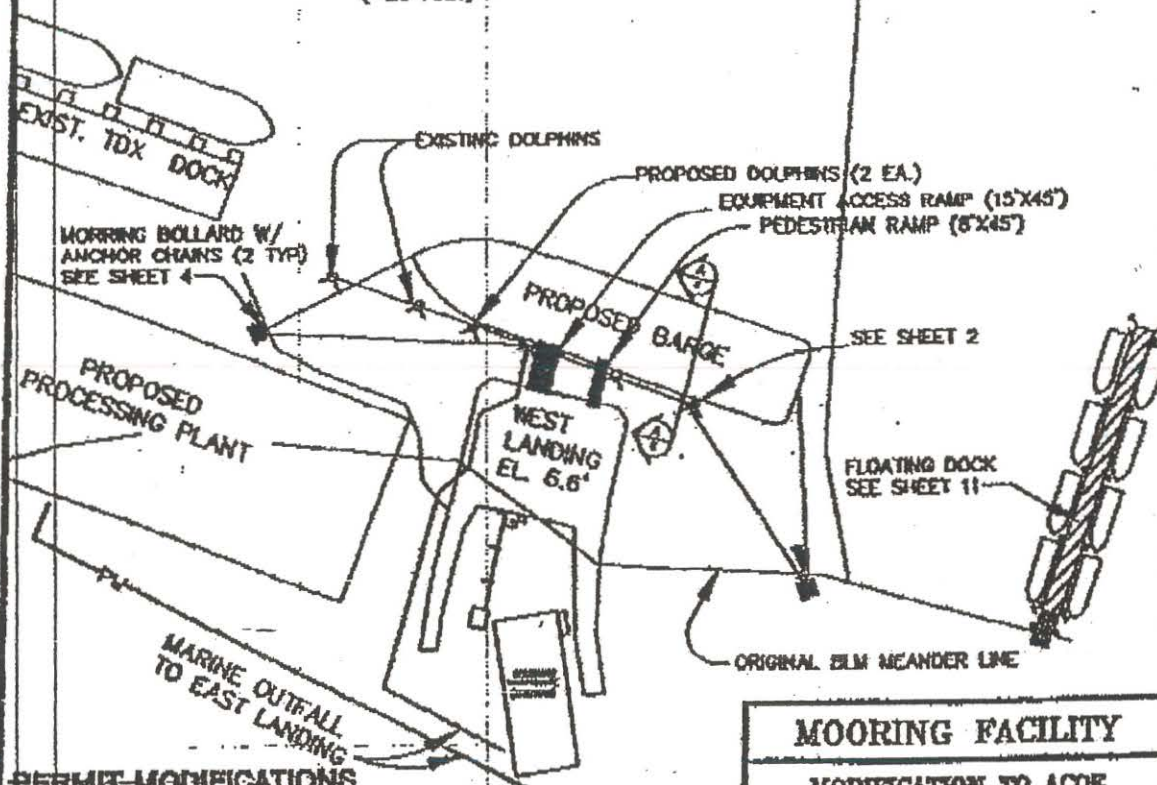




PLAN VIEW  
SCALE: 1" = 100'



TDX TIDELAND LEASE AREA  
(-23 FEET)



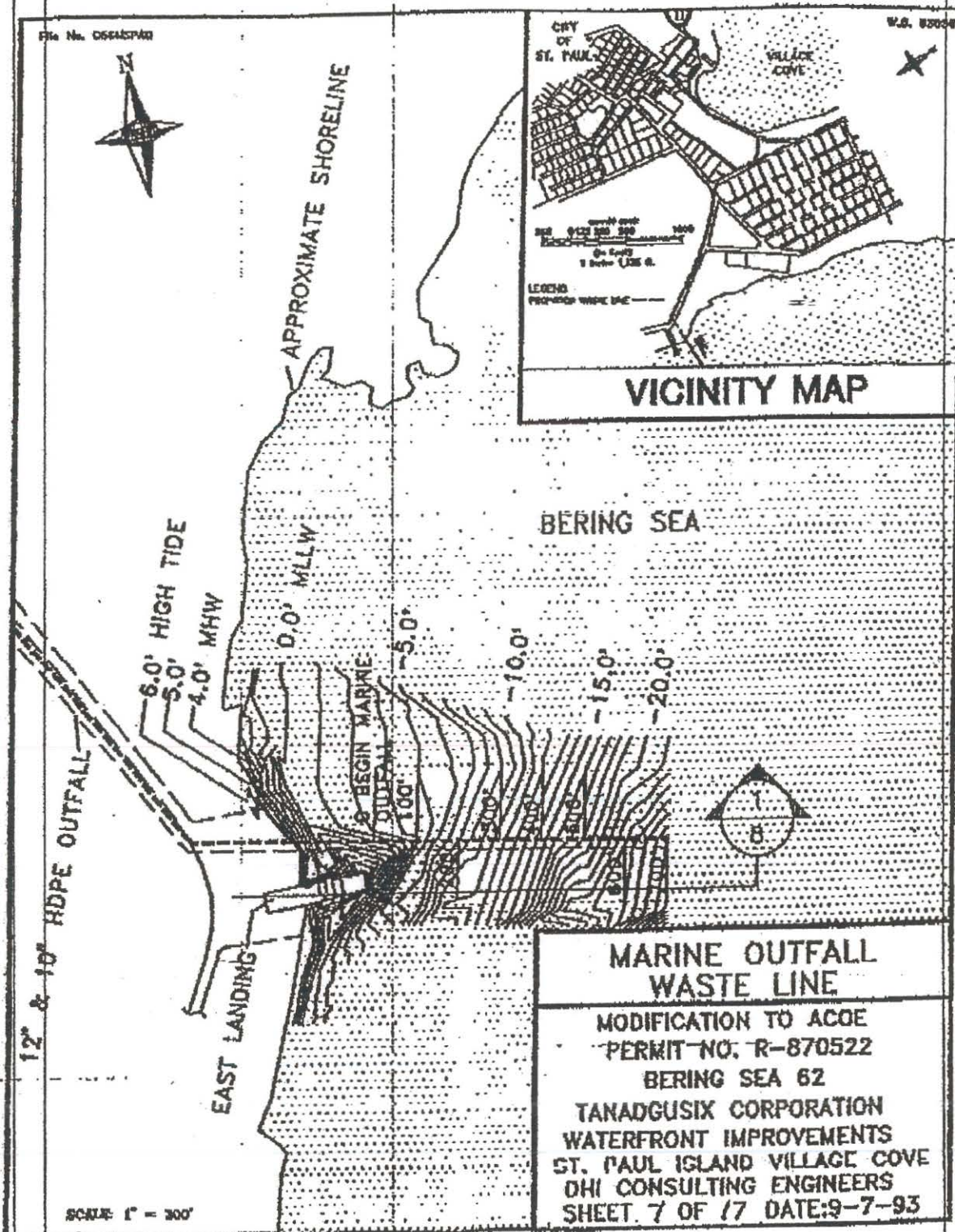
#### PERMIT-MODIFICATIONS

- 2 DOLPHINS
- 2 MOORING BOLLARD W/  
ANCHOR CHAINS
- 2 ACCESS RAMPS
- 2 MARINE OUTFALLS
- FLOATING DOCK

#### MOORING FACILITY

MODIFICATION TO ACOE  
PERMIT NO. R-870623  
BERING SEA 62  
TANADGUSIK CORPORATION  
WATERFRONT IMPROVEMENTS  
ST. PAUL ISLAND VILLAGE COVE  
DHI CONSULTING ENGINEERS  
REVISED 2-28-93 BY DHI/PAUL M. J. JR.





**P/B ARCTIC STAR  
Pribilof Individual Permit Application Information**

**1) Permit Information**

|                           |                    |
|---------------------------|--------------------|
| NPDES Number              | <b>AK-G52-7703</b> |
| ADEC-EH Processing Number | <b>AK 46D</b>      |

**2) Facility or Vessel Information**

- a. For seafood processing facilities discharging through a stationary outfall
  - . A legible area map of the location of the facility and outfall  
**(Enclosed)**
  - . US Coast Guard Vessel Number  
**501203**

**3) Outfall Information**

- a. Seafood processing facilities discharging through a stationary outfall must provide the following information:
  - . The distance in feet of the outfall at MLLW from the shore to the end of the outfall pipe at which the effluent is discharged  
**920 feet**
  - . The water column depth in feet at the outfall at MLLW seafloor to water surface  
**minus 34 feet**
  - . The depth of the outfall at MLLW ( outfall to water surface)  
**minus 31 feet**
  - . A copy of the most recent structural integrity inspection of the outfall  
**Enclosed**
  - . Provide the date that recommendations resulting from the inspection were completed  
**11/15/2005**
  - . Date of next scheduled outfall inspection  
**Fall 2007**

**4) Projected production information**

- . The maximum quantity of each raw product which can be processed in a 24-hour day  
**Crab 190,000 lbs**  
**Cod 150,000 lbs**

**5) Description of discharges**

- a. Provide the name(s) and type(s) of grinder(s) used to treat seafood processing waste and wastewater, and; the design grinding dimension  
**Autio Model 8 grinder and a Vaughn chopper pump.**  
**Less than 1/2 inch**



Arctic Star Pribilof Information

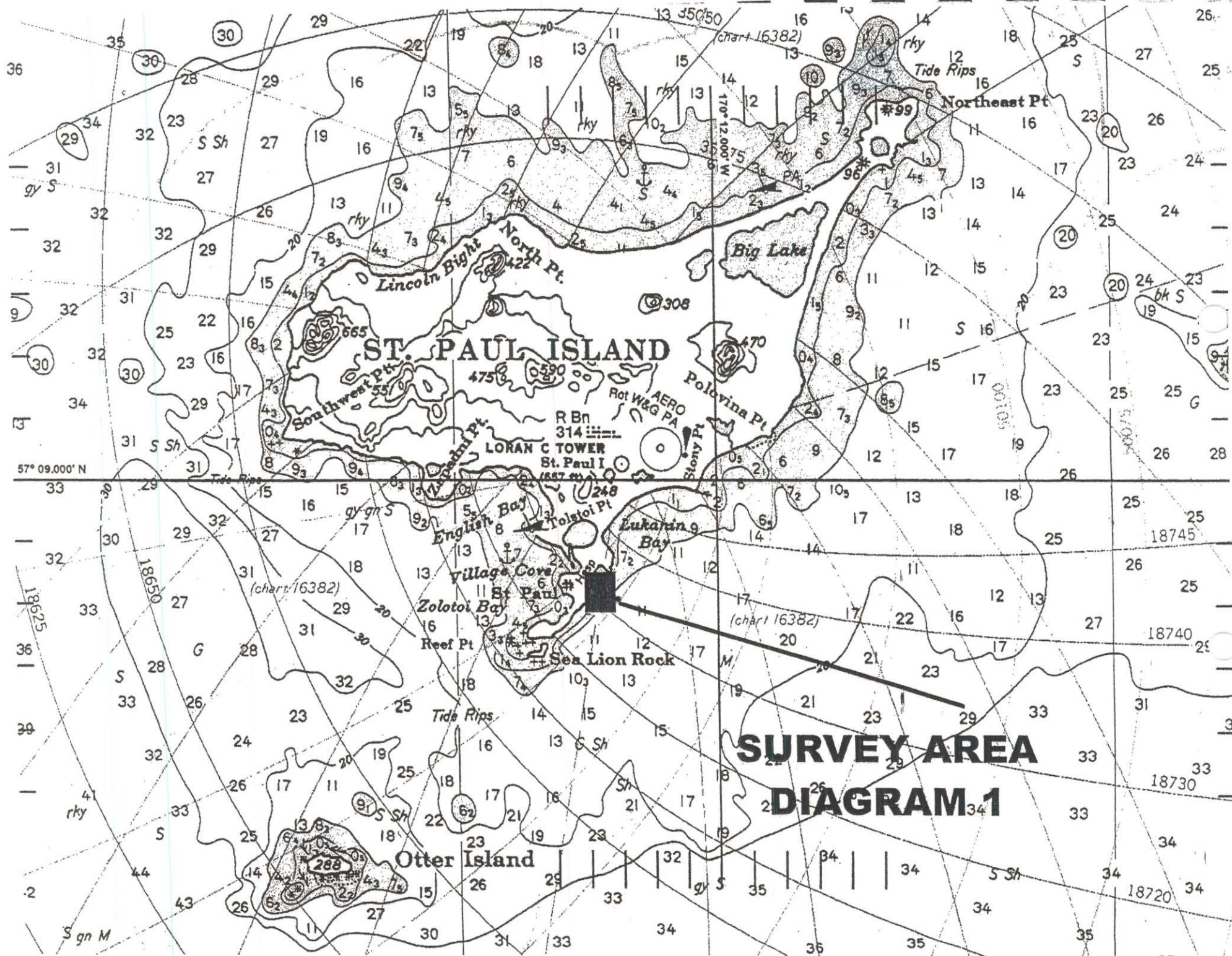
- b. Provide the projected maximum quantity in pounds of the seafood processing waste residues by species that is projected to be discharged on a daily and annual basis
  - . Crab 65,000 lbs per day 7,150,000 lbs per year - what months
  - . Cod 60,000 lbs per day 2,700,000 lbs per year - what months
- c. Identify the type of sanitary wastewater treatment system.
  - . MSD Type Orca II Installed in October 2003 10,000 gal capacity
  - 330 persons USCG Certification # 159.015/6309/0
  - Expiration - February 15, 2011

6) **Receiving water information**

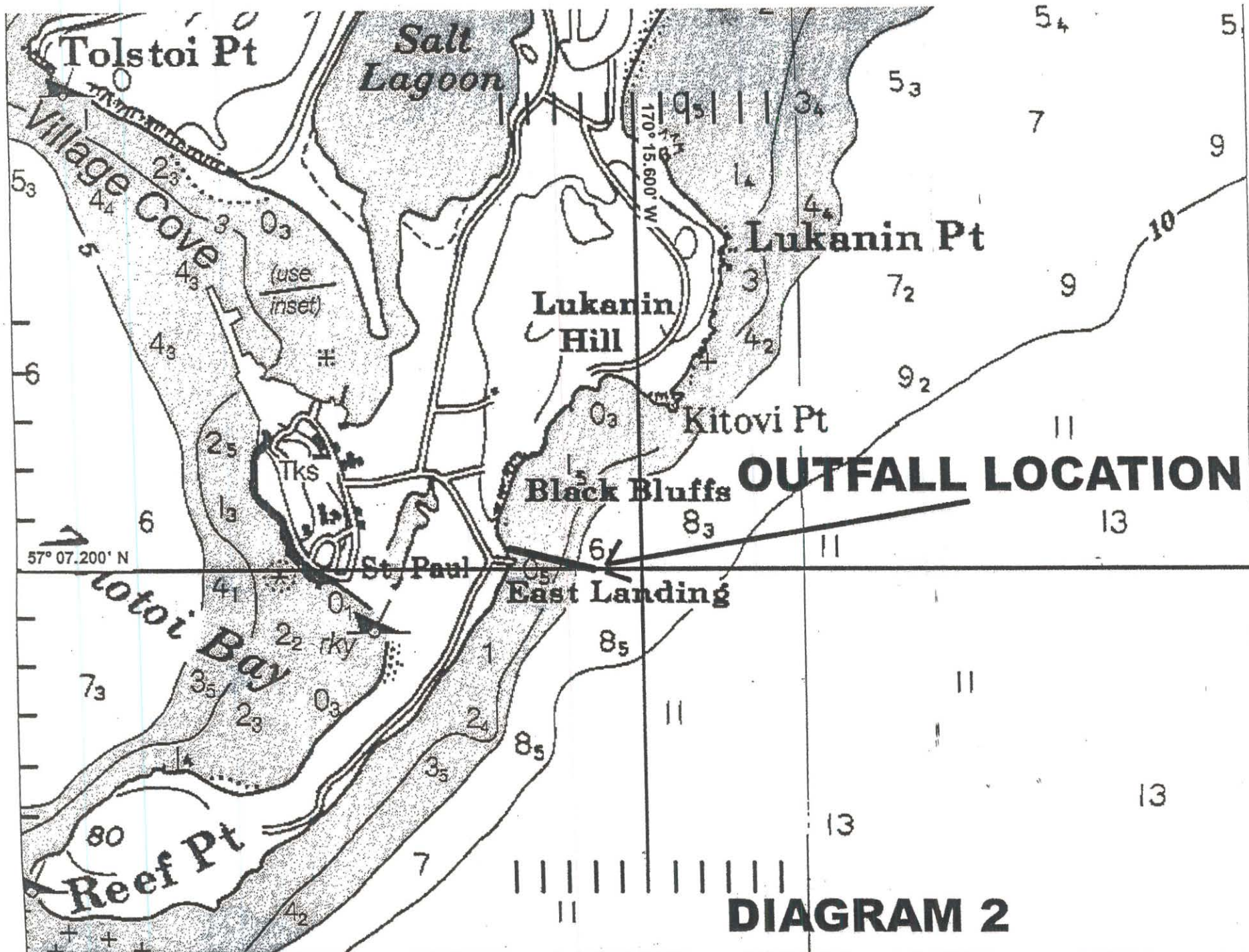
- a. For seafood processing facilities discharging through stationary outfalls, include a legible bathymetric map of the receiving water within one (1) nautical mile of the discharge
- Enclosed**

7) **Refueling capability and proximity to fueling stations**

Arctic Star does not fuel fishing boats inside St. Paul harbor  
The closest fueling station is 150 feet west.







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# **Cathodic Protection Report Icicle Seafoods – St. Paul**

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## **Daily Log**

**8/22/2005** Alaska Airlines overbook, caused divers to be bumped from flight.  
The next available flight to St. Paul is 8/26/05.

**8/26/05**

|                |   |
|----------------|---|
| 06:00          | Depart Seattle  |
| 08:45 (AST)    | Arrive Anchorage  |
| 11:45          | Depart Anchorage for St Paul                              |
| 13:30          | Arrive Dillingham / Weather hold                          |
| 14:30          | Weather hold  |
| 15:30          | Weather hold  |
| 16:30          | Weather hold  |
| 17:00          | Depart Dillingham and return to Anchorage / weather       |
| 18:40          | Arrive Anchorage informed by Penn Air we were rebooked on |
| <b>8/27/05</b> |   |
| 19:30          | Arrive Best Suites Anchorage/ Dinner / Standby Fee        |

**8/27/05**

|       |  |
|-------|--|
| 07:00 | Contact Penn Air / No information available / breakfast  |
| 09:00 | Contact Penn Air and was informed that plane would be leaving  |
| 12:00 |  |
| 11:00 | Arrive Airport / Anchorage   |
| 12:00 | Weather hold/ lunch airport  |
| 13:00 | Weather hold   |
| 14:00 | Weather hold   |
| 14:30 | Flight Cancel informed by Penn Air that the next confirmed seats to St Paul would be on 9/2/05   |
| 17:00 | In the interest of cost saving s for the customer, the decision was made to return to Seattle and go to another project, rather than incur charges for hotels, meals as well as standby fees for 5 days. |
| 17:30 | Return to Seattle / Standby Fee  |

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8/28/05  
8/29/05  
8/30/05  
8/31/05  
9/1/05

9/2/05

|             |  |
|-------------|--|
| 06:00       | Depart Seattle   |
| 08:45       | Local time, Arrive Anchorage                                   |
| 09:00       | Check in with Penn Air, Informed that flight is delayed due to |
| weather     |  |
| 10:00       | Standby  |
| 11:00       | Standby  |
| 12:00       | Standby  |
| 13:00       | Standby  |
| 13:55       | Depart Anchorage   |
| 15:40       | Arrive Dillingham  |
| 16:15       | Depart Dillingham  |
| 18:00       | Arrive St Paul   |
| 19:15       | Arrive @ Cannery, Dinner                                       |
| 20:00-21:00 | Inventory Freight  |

9/3/05

|             |  |
|-------------|--|
| 07:00-12:00 | Joint Mob  |
| 12:00-12:30 | Lunch  |
| 14:00-16:00 | Diver in water, Clean Line for zinc placement (Icicle) |
| 17:00-17:55 | Diner  |
| 18:30-19:30 | Diver in water Clean & prep line (Icicle)              |
| 19:45-20:30 | Clean gear/ shutdown                                   |

9/4/05

|             |  |
|-------------|--|
| 08:00       | Meet with vessel owner and determine that his vessel does not meet safety requirements for dive operations in this area, and the owner changes price to \$1,500 per day which is too costly for Ops. |
| 09:00-10:00 | Contact various other backup vessels and inspect.  |
| 10:30-12:15 | Diver in water, Place buoy for new anchor, clean line (Trident)  |
| 12:00-12:45 | Lunch  |
| 13:30-15:45 | Dive in water, place buoys on outfall line for vessel moorage, start cleaning process (Trident)  |
| 16:00-17:00 | Clean up dive gear Meet with the owner of the F/V Bay Rose and arrange Lease \$1,100 per day, 3 day minimum plus fuel, however will not start lease until 9/6/05 for insurance purposes.             |
| 17:00-17:30 | Dinner   |

**9/5/05**

|             |  |
|-------------|--|
| 07:00-07:30 | Breakfast  |
| 07:30-10:00 | Mob gear to dock for vessel loading                                  |
| 10:00-11:15 | Dive Inspect vessel for any damage to hull, take picture             |
| 11:30-12:00 | Move Vessel to Trident Dock  |
| 12:00-12:40 | Lunch  |
| 12:40-15:30 | Load Vessel, Rig Vessel for Dive Ops., Move vessel back to boat dock |
| 15:45-16:55 | Dive Time, finish prep work outfall for Zinc placement (Icicle)      |
| 17:30-18:00 | Dinner   |

**9/6/05**

|             |                                     |
|-------------|-------------------------------------|
| 07:00-07:30 | Breakfast                           |
| 08:00-09:00 | Move last of gear on dock           |
| 09:00-10:45 | Standby for Insurance Paperwork     |
| 10:45       | Paperwork Arrives                   |
| 11:00       | Depart Dock                         |
| 12:00       | Arrive East Landing                 |
| 12:15       | Diver in water (Trident)            |
| 19:45       | Diver out of water                  |
| 20:00       | Depart dive Site                    |
| 21:15       | Arrive dock unload, pump tanks etc. |
| 23:00       | Shut Down                           |

**9/7/05**

|             |   |
|-------------|---|
| 07:00-07:30 | Breakfast                                       |
| 08:00-09:00 | Load Vessel                                     |
| 09:00       | Depart Dock                                     |
| 10:00       | Arrive Outfall lines                            |
| 10:30       | Diver in water (Trident)                        |
| 13:00       | Diver out of water / Finish with Trident        |
| 13:00-13:30 | Lunch   |
| 13:45       | Diver in water (Icicle)                         |
| 23:30       | Diver out of water / Finish Icicle 2 Zincs lost |

**9/8/05**

Weather day / Standby Day -- NE winds 45 to 50 kts with gusts



**9/9/09**

Winds Southeast 35 to 45 kts

07:00-08:00

Breakfast

08:00-8:30

Move Vessel to Dock

09:00-12:00

Unload vessel

12:00-12:45

Lunch

12:45-17:30

Demobilize and pack all gear for shipment

**9/10/05**

**Standby Day**, weather South winds 50kts., Standby fee

**9/11/05**

Standby Day, no flights available , no standby charge due to available dive ops on fishing vessel

**9/12/05**

07:00-08:00

Airport,

08:00-08:30

Breakfast

08:30-12:00

Standby

12:00-12:30

Lunch

12:30-17:30

Standby

17:30-18:00

Dinner

18:00-19:00

Standby

19:15

Depart St. Paul

21:00

Arrive in Anchorage

**9/13/05**

02:15

Depart Anchorage

07:08

Arrive in Seattle.

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## Observations

Diver installed a total of 44 zincs on the Icicle Seafood's outfall located at east landing, St. Paul Island. The outfall line when cleaned exhibited normal levels of pitting for the current, depths and location of the outfall line. Numerous large boulders and cobble are under or surround the line. Marine growth is prolific as would be expected given the water depths of the outfall line.

The extreme storm surge and currents in this location would indicate that cathodic protection should be inspected every 24 months to insure proper protection.

A handwritten signature in black ink, appearing to be "J. L. Smith", written in a cursive style.